

Rank	Project Name	Applicant	Amount Requested	Description	Decision	Actions	Senior Reporting Owner	KPIs
1	Provider D2A Block Contracts	Tom Jarvis	£1,300,000	A continuation of the block contracts, set up with 3x local providers, to supplement and support the reablement service provided by HCRG and Art plus. Due to the difficulty in recruiting and retaining staff, HCRG require additional support to fulfil the reablement service, and we currently have 775 hours of care provided by 3x providers in B&NES, some of which is direct reabling home care some of which is backfilling staff capacity issues in HCRG	Fund until April 2023	Align with projects 2 & 3, producing a plan that shows how D2A average can be reduced from 9 to 6 weeks, allowing 50% of funding to be released to support other transformational projects		<ul style="list-style-type: none"> <li>1. Hours used to support HCRG</li> <li>2. Hours used to support ART+ team (who support HCRG)</li> <li>3. Hours 'lost'. These are hours that end up not being used due to hospitalisation, miscommunication or any other delay. Recording these is important to identify obstacles and ways to improve the service.</li> </ul>
2	Discharge to Assess Beds in Care Homes	Karen Green	£1,560,000	This funding request will be for 30 SPOT contracted beds within B&NES care homes and 10 Block contracted beds at Charlton House. Funding from existing funding stream ends EOQ1 2022-23.	Fund until April 2023	Set out a schedule of actions to reduce D2A to 4 weeks average		<ul style="list-style-type: none"> <li>1. Releasing a number of acute or community beds</li> <li>2. Supporting a number of people out of hospital Pathway 2 and complex 2</li> <li>3. Preventing a number of people going into hospital</li> <li>4. Reducing sizes of care packages by an average x hours</li> <li>5. Treating and caring for people in safe environment and protecting them from avoidable harm</li> <li>6. Reduced x admission to long term nursing care facilities, and the Adult Social Care costs associated with this, due to increased independence following rehabilitation and reablement.</li> </ul>
3	GP Cover for Discharge to Assess Beds	Karen Green	£67,500	This funding request will be for GP cover at 30 SPOT contracted beds within B&NES care homes and 10 Block contracted beds at Charlton House.	Fund until April 2023	Manage fund to align with project 2		<ul style="list-style-type: none"> <li>1. Releasing a number of acute or community beds</li> <li>2. Supporting x number of people out of hospital Pathway 2 and complex 2</li> <li>3. Preventing x number of people going into hospital</li> <li>4. Treating and caring for people in safe environment and protecting them from avoidable harm</li> </ul>
4	Lack of Mobilisation	Niall Prosser	£653,000	The RUH is proposing to recruit additional therapists and therapist assistance to ensure that every patient has a full assessment within the appropriate assessment units (eg OPAU, MAU, SAU) on admission and then are mobilised every single day, the ambition here is to firstly help prevent patients deconditioning when admitted but also ensure rehab and Reablement starts on the admission into hospital, our early modelling suggests that this (along with other measures) will help prevent 20% of pathway 2 referrals and will direct patients into a pathway 1 this reducing the burden on social care.	Funding not currently available			
5	Expansion of Home First Capacity	Niall Prosser	£563,000	The RUH fully recognise and support system ambition to eliminate any delays for home first resource. To this end the Trust is proposing to continue to run ART+ for the rest of 22/23, this will provide enough capacity for the ART team to continue to look after circa 30-35 patients at home. Art plus is a supplementary reablement service as people come out of hospital easing the pressure on HCRG and supporting people in positive transition to wellbeing and prevention of 91 day return.	Fund until April 2023			
6	HCRG Care Group Flow Team	Emily O'Hara	£78,030	Continued funding for 2 WTE social workers, 1x B7 Therapist - Focus on challenging P2 pathway decision, working to a home first approach. Attend Community Hospital MDTs, expertise around MCA and BID to support wards driving improvement, attend BIM. Reduce delays in P2 referral to placement, support , reduce P2 numbers. Release RUH beds. Impact not having these roles will negatively impact flow and further transformation.	Fund until April 2023			<ul style="list-style-type: none"> <li>1. Releasing number of acute beds</li> <li>2. Reducing P2 Numbers</li> <li>3. Increasing P1 numbers</li> <li>4. Decreasing LOS from NC2R to discharge, time from NC2R to ref to brk reduced (TA dependent)</li> </ul>
7	Hospital at Home	Niall Prosser	£375,000	The national funding allocation identifies that expanding virtual wards is a key component to deliver this years annual plan. The RUH's hospital at home service is supporting managing medically unwell patients in their own home. This is service is growing and will shortly be looking after 20 patients, who are medically unwell, in their own home. The funding for this service runs out at the end of Q2, this funding keeps the service running throughout the whole of 22/23.	Fund until April 2023			
8	Reablement Flow Lead	Emily O'Hara	£59,819	Drive project changes, focusing on exits from reablement, ensuring goals and discharge plans are routine from admission. Leading on assessment documentation changes adopting care act principles. Responsible for risk based decisions to exit reablement within 6 weeks. Work collaboratively with system partners, also lead community MADE events. Aim to decrease time from assessment to social work outcome, decreasing delays of discharge, reduction of 25% of self funding DTOCs.	Funding not currently available	Open conversations with RUH (Rhiannon Hills) to document and agree how this project can work effectively alongside project number 15 (Operational Improvement Manager for Home First Transformation)		<ul style="list-style-type: none"> <li>1. Reduce reablement self funding DTOCs by 25%</li> </ul>
9	Reviewing of High Cost Placements	Emily O'Hara	£77,139	This proposal is to continue the funding of an existing 1.0 WTE agency supplied Social worker role for the course of the next year.	Fund until April 2023			<ul style="list-style-type: none"> <li>1. Number of service user reviews / reassessments identified</li> <li>2. Numbers completed that meet the identified criteria</li> <li>3. Number of service users put forward for CHC funding</li> <li>4. Number of service users that are eligible for CHC funding that actually receive it</li> <li>5. Number of service users put forward for joint funding, split of health and social care funding agreed.</li> </ul>
10	Expanded Support for patients & carer during hospital admission	Astrid Siddons	£153,233	Proposed expansion of existing Dementia Team from 2.88wte to 6.2wte to provide an additional Band 3 support worker and an additional 1.4wte Band 6 Dementia Coordinator	Funding not currently available			<ul style="list-style-type: none"> <li>1. Carer satisfaction surveys</li> <li>2. Reduction in usage of bank and agency nurses supporting 1:1</li> <li>3. Increased training attendance and staff questionnaires.</li> <li>4. Specific staff and carers surveys for Community hospitals</li> <li>5. National audit of dementia survey</li> <li>6. Monitoring of the length of stay for Dementia Patients</li> </ul>
11	Expansion of Flow Team (HCRG Priority #4)	Emily O'Hara	£230,036	3 WTE x B6 Clinicians, 1.4 WTE B7 Clinicians (therapy/nursing). Change of focus, triaging admissions not referrals, early intervention with patients who have a BTR. Providing early community knowledge/background, ensuring homefirst approach, challenging risk adverse decisions, early intervention with family to provide confidence of D2A process, ensuring a D2A model. B7s will work with existing B7s rotating into ED and MIU to support UCR pathways, front door turn facilitating community responses. Reduce P2 numbers, increase P1s and increase front door turn around, release RUH beds.	Funding not currently available			<ul style="list-style-type: none"> <li>1. Releasing number of acute beds</li> <li>2. Increasing Flow Activity (number of patients tracked over 7 days)</li> <li>3. Increase UCR referrals from ED.</li> <li>4. Reduce P2 Numbers.</li> <li>5. Increase P1 numbers.</li> <li>6. Decreasing LOS from NC2R to discharge.</li> </ul>
12	Home First Champions	Niall Prosser	£300,000	Within each ward, it is proposed to recruit to a home first champion, someone who can support the pathway management of all patients into a pathway 1 slot. They will be there to support the rapid transfer of information and referrals, they will be available to support community teams to get the full range of information they require for every patients 7 days a week	Funding not currently available	Open conversations with HCRG (Emily O'Hara) and BEMS (Julia Griffiths) and document outcomes to determine how this project can work alongside and in partnership with project number 24 (Wellbeing Focus) and project number 25 (B&NES Provider Op Redesign)		
13	Extension of Stepdown Provision	Tereza Clevely	£26,438	The bid is for the cost of two stepdown beds within the Extra Care provision. The request is broken down in two parts based on two different extension periods and costs. We are looking for acceptance on one of the two bids. 1. Cost of two stepdown beds for an additional 3 months - £11,750.20 2. Cost of two stepdown beds for an additional 9 months - £35,250.61	Fund until April 2023			<ul style="list-style-type: none"> <li>1. Support hospital avoidance</li> <li>2. Prevent people going into a care/residential home</li> <li>3. Prevent the health or social triggers that led to patient admission</li> <li>4. Patient centered approach that is responsive to the individual ongoing care and support needs of people who have been in hospital to prevent social triggers ie alcohol use</li> <li>5. Multi agency working</li> <li>6. Provide tailored support and care</li> <li>7. Use technology and telecare to ensure 24 hour triaged response via a pendant alarms available to patients who need it and prevent unnecessary readmission</li> <li>8. Save 350+ additional bed days (on average), enabling discharge and reducing admission.</li> </ul>
14	Increase in Pharmacist Support	Niall Prosser	£106,838	Through increasing the pharmacist support for discharge enabled schemes, it is anticipated that we can increase the number of patients that can be discharged on the day of admission through rapid adjustments to medication and facilitation of earlier discharges.	Funding not currently available			
15	Operational Improvement Manager for Home First Transformation	Rhiannon Hills	£135,176	Cover costs of a Operational Improvement Manager to support the 'Home First' transformation programme to provide support to the services involved in providing care.	Funding not currently available	Open conversations with HCRG (Emily O'Hara) to document and agree how this project can work effectively alongside project number 8 (Reablement Flow Lead)		<ul style="list-style-type: none"> <li>1. Reduction in NCR in acute beds</li> <li>2. Reduction in NCR in community beds</li> <li>3. Increase in proportion of patients on a pathway 1 rather than pathway 2 discharge</li> <li>4. Increase in care hours</li> <li>5. Reduced reliance on bedded care</li> </ul>
16	Childrens Therapy Service	Alli Woodiwiss / John Rider	£761,453	The service aims to enable children to achieve maximum independence to reach their full potential and to improve their overall quality of life. The Therapy Support Workers are an essential part of the team, however to fully utilize their potential requires supervision and support from the qualified Occupational Therapists. Increasing the OT workforce would spread the caseload and enable more time for supervision of the therapy support workers, making better use of a team with a broader skill mix. Thereways School have already offered support to this working model by sharing funding for a Band 3/4 WTE, but as it is only fixed term, and with lack of supervision from the OTs, we have been unable to recruit to this post. With an increase to OTs to supervise and support, we would aim to expand the use of TSW by another 1 WTE.	Funding not currently available			<p>No KPI's have been outlined by the applicant</p>
17	Palliative Care LOS Reduction	Niall Prosser	£761,453	Provide early assessment of palliative patients in admission areas. Anticipated reduction of mean LOS avg 2 days by enhanced senior cover for inpatient wards.	Funding not currently available			

18	Hospital Coordination	Niall Prosser	£180,000	Getting the right patient into the right bed - £180k - Through increasing the out of hours coordination within the the hospital it is anticipated that the trust will be able to ensure the right patient goes to the right ward at the right time which will help reduce the length of stay. This is proven to reduce the LOS. Additionally will be able help support admission avoidance work as increases support to front door teams to access community pathways	Funding not currently available		
19	Dedicated Paediatric Admission Avoidance Team	Niall Prosser	£450,000	Due to growing demand for paediatric attendances, the RUH can increase the amount of patients turned around by increasing the specific paediatric support within ED and the paediatric assessment unit.	Funding not currently available		
20	Provision of Pulmonary Rehabilitation	Emily O'Hara	£172,106	Increase staffing levels to double the provision of Pulmonary Rehabilitation - recruitment of 1x FTE (BS), 1x FTE (B6), venue hire and mileage allowance.	Funding not currently available		<ol style="list-style-type: none"> <li>1. Reduce mortality</li> <li>2. Reduce hospital admission</li> <li>3. Reduce readmissions</li> <li>4. Reduce length of stay</li> </ol>
21	Specialist OT Support to LDA Clients	Emily O'Hara	£172,106	Increase Specialist Occupational Therapy in the Complex Health Needs Service to work in a proactive way in supporting social care statutory functions and needs assessments of service users	Funding not currently available		<ol style="list-style-type: none"> <li>1. Number of referrals received and accepted</li> <li>2. Number of accepted referrals responded to within 28 days</li> <li>3. Number of people who as a result of assessment and intervention have gone on to gain independence and package of care has reduced</li> <li>4. Number of telecare/equipment trialled</li> <li>5. Number of baseline assessments completed,</li> <li>6. Number of Skills assessments completed</li> <li>7. Number of vocational profiles completed</li> <li>8. Number of Sensory assessments completed</li> </ol>
22	Ward 4	Rhiannon Hills	£1,000,000	Ward 4 will primarily be used to support the Pathway 1, 2 and 3 referrals during the winter period, as clinically appropriate. Governance of the ward will be provided by HCRG supported by the RUH and CCG teams. This approach worked well during 2021/22 winter response. Equipment for the ward (beds / mattresses / chairs etc) have already been procured and are currently being used by WH&C whilst using the space. There is also drugs and dressing trolleys available. Staffing model - Day (2RN / 3 HCA) Night (2RN / 2 HCA) plus Ward Manager and Admin staff. Medical and Pharmacy cover as well as hotel services are included in these costs.	Funding not currently available		<ol style="list-style-type: none"> <li>1. Ensuring Non-criteria to Reside numbers do not increase over winter period</li> <li>2. Support flow across the system in response to increase admissions during the winter period</li> <li>3. Fill rate of beds during period</li> <li>4. Quality and Patient Experience indicators</li> </ol>
23	Enhancing Support for Secondary Care focus on health inequalities	Annette Luker	£41,000	This bid for funding is to increase capacity within the RUH to focus on Health Inequalities across five proposed areas: <ol style="list-style-type: none"> <li>1) Data analysis and utilisation</li> <li>2) Awareness raising and training</li> <li>3) Service planning: including a focus on emergency admissions and elective pathways</li> <li>4) Preventative services: including a focus on tobacco treatment services</li> <li>5) The role of the RUH as an Anchor Institution: including a focus on the estates transformation programme</li> </ol>	Funding not currently available		<ol style="list-style-type: none"> <li>1. Identify key elective services for initial health inequalities analysis.</li> <li>2. Review existing evidence/ practice around approaches to embedding consideration of health inequalities within elective pathways</li> <li>3. Show initial health inequalities data (and identified data gaps) around key elective services.</li> <li>3. Complete analysis on health inequalities data around RUH emergency admissions, focussing on high intensity users.</li> <li>4. Attend the BSW NHS Treating Tobacco Dependence working group. &amp; support coordination of a Treating Tobacco Dependence working group across the Trust.</li> <li>5. Identify a series of prioritised actions to take forwards to progress its role as an anchor institution.</li> <li>7. Work with workforce leads, Occupational Health and if required consider if there are additional actions that could be taken to improve staff health and wellbeing.</li> </ol>
24	Wellbeing Focus	Emily O'Hara	£30,750	2 WTE B3 Wellbeing Flow Coordinators in reaching to community hospitals, RUH and D2A beds, and working with reablement with an aim to ensure 3rd sector response is considered for all patients and families, preventing future admissions. Providing wellbeing support plan once home promoting community wrap around approach. Encouraging confidence for patients, families and ward when discharged on P1 with increased risk based decisions. Aim to increase P1, support P1 discharges. Prevent further admissions.	Funding not currently available	Open conversations with RUH (Nial Prosser) and BEMS (Julia Griffith) and document outcomes to determine how this project can work alongside and in partnership with project number 12 (Home First Champions) and project number 25 (B&NES Provider Op Redesign)	<ol style="list-style-type: none"> <li>1. Reduced support required from social workers and therapists (ICT).</li> <li>2. Health and wellbeing improvement.</li> </ol>
25	B&NES Provider Op Redesign	Julia Griffith	£73,642	Funding for salary for recruitment of band 8a project manager to redesign the services out of acute care into the community or augment existing community services. This will help facilitate care closer to home, seamless care, agile workforce, employ MDT working, staff opportunities for training and development, will be efficient and data led, ensure VFM.	Funding not currently available	Open conversations with HCRG (Emily O'Hara) and RUH (Nial Prosser) and document outcomes to determine how this project can work alongside and in partnership with project number 24 (Wellbeing Focus) and project number 12 (Home First Champions)	<ol style="list-style-type: none"> <li>1. Facilitate a reduction in elective wait times for the 6 services.</li> <li>2. Create extra capacity in the community.</li> </ol>
26	Expansion of Neuro Outpatient Therapy Service	Emily O'Hara	£230,026	To provide an expanded Neuro outpatient therapy service that will offer comprehensive outpatient neurological rehabilitation that is specialist, efficient and effective, using a combination of clinic based and virtual appointments and a combination of one to one and group interventions, to improve self management and wellbeing for people with long term neurological conditions.	Funding not currently available		<ol style="list-style-type: none"> <li>1. Reduction in GP &amp; hospital appointments, A&amp;E attendance, hospital admissions, medical investigations and medications in people with FND who attend the service. It is anticipated that the reduction will be on average 50% per patient.</li> <li>2. The waiting list for the CNSD planned service to reduce to 8 weeks and remain at less than 8 weeks (waiting times are currently 20 weeks for physio and 18 weeks for OT)</li> <li>3. For service users receiving vocational rehabilitation: 80% of those who are in employment to remain in employment and 50% of service users who are not in employment to be in employment</li> </ol>